

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		X	X			51						
2		/	X	X			52						
3		/	X	X			53						
4	/		X	X			54						
5	/		X	X			55						
6		/	X	X			56						
7		/	X	X			57						
8		/	X	X			58						
9		/	X	X			59						
10		/	X	X			60						
11		/	X	X			61						
12	/		X	X			62						
13		/	X	X			63						
14		/	X	X			64						
15		/	X	X			65						
16		/	X	X			66						
17		/	X	X			67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		1				TOTAL IND.						
TOTAL DEP.		1		2			TOTAL DEP.						
TOTAL CLAIMS	4	1	1	2			TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS